



Client Information Sheet

Confidential

Name _____ Age _____ Dob _____ (D/M/YY)

Address

Mobile Phone _____ Other phone _____

Preferred contact mode (text/ email/ phone) _____ Email _____

Emergency contact and phone _____

Height _____ Weight _____ Gender you identify with _____

Occupation _____

Relationship status _____ Children & ages _____

Current Complementary Therapies/Supplements

GP Name and Address

Reason(s) for seeking treatment/what is happening in your life/Date of Onset?

Why now? _____

What do you hope to achieve from treatment, today and long term? _____

Physical History:

Do you have any present medical problems / health concerns?

Are you taking any medication?

Are you pregnant? If so how many months? _____

Amount Daily Intake: Water _____ Caffeine _____ Alcohol _____ Cigarettes _____

Do you take recreational drugs and if so, what?

Do you exercise?

How many hours of sleep? _____ How good is your sleep? _____

What disrupts your sleep? How often does that happen?

What tends to be your first thought in the morning? How do you feel when you wake up?

What is your typical diet like? _____

Vegetarian? High Protein? Other?

Have you made some recent lifestyle changes or are you following some particular diet or method? If so why?

What strategy is your go to when you are stressed/ angry or your nervous system feels dysregulated?

Have you ever been in/going into hospital for surgery, mental or emotional illness?

Please list any injuries you have or had:

Please list any traumatic or major life-threatening events that occurred in your life and what happened?

What makes you happy? What do you enjoy doing?

What is your greatest fear? _____

What would your child self say about your life today? _____

Is there anything you wish your parents knew about you that you feel they don't?

Is there anything else you want to share or want me to know?

Please mark any of the following that may apply to you with a 'C' for current 'P' for past or 'CH' for chronic

Neurological		Musculo-Skeletal		Urinary	
Headache		Arthritis		Bladder/Kidney Infection	
Epilepsy		Back Pain		Kidney Stones	
Migraines		Carpal Tunnel			
Dizziness		Neck Pain		Emotional /other	
		Bursitis		Depression	
Sleep Related				Mood swings	
Always Tired		Cardiovascular		Obsessions	
Always Sleepy		Angina		Fears and Phobias	
Unable To Relax		Heart attack		Suicidal Ideas	
Insomnia		Heart failure		Substance abuse	
Recurrent Dreams		Hypertension		Fatigue	
Nightmares		Stroke		Over-Eating	
Hallucinations		Poor Circulation		Allergies	
Auto- Immune		Respiratory			
Aids/HIV		Bronchitis		Sexual problems	
M.S.		Emphysema		Stomach trouble	
Cancer (type)		Pneumonia		Difficulty making friends	
Fibromyalgia		Tuberculosis		Difficulty settling	
Herpes		Asthma		Lack of hobbies/fun	
Candida		Hay Fever		Over worrying	
Epstein-Barr Virus				Loss of appetite	
Diabetes 1 or 2		Reproductive		Dont Like weekend/holidays	
Skin Problems		STD		Difficulty making decisions	
Endocrine		Endometriosis		Over-ambitious	
Adrenal problems		Miscarriage (#)		Financial problems	
Pituitary dysfunction		Abortion (#)		Gambling	
Hyperthyroid		Pregnant (#)		Job problems	
Hypothyroid		P.M.S.		Relationship difficulties	

Personal Agreements:

I understand that I may be asked to do certain “homework exercises” such as reading, changing behaviors, and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding this.

I do not diagnose illness or prescribe medication. If you have a specific medical problem or complaint, you are advised to seek professional medical help. You should also discuss any problems or complaints with your doctor if you are unsure whether to continue treatment.

I have read and understood the above and am receiving treatment at my own request.

Signed _____ date: _____

If on behalf of a minor: Signed on behalf of _____

Please make a note below, anything that comes up between now and your appointment. Be aware of thoughts, the things that you 'tell yourself', how you react to certain situations, what you are feeling like most of the time. The more information I have, the better I can serve you:



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